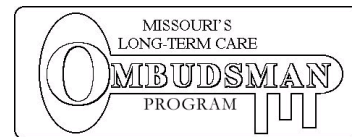


# Info-Sheet



## Reading a Nursing Home's Survey/Statement of Deficiencies

### **Preface:**

Your senses will give a general impression of the nursing home during several visits at different times of the day and different days of the week. The ability to read and understand a nursing home's survey/inspection, also known as a statement of deficiencies, will guide you to confirm positively or negatively the impressions formed by your firsthand experiences. The statement should be read and understood to assure the best quality of care and life for either you or your loved one.

### **Who is responsible for inspecting nursing homes and how may they be contacted?**

The Department of Health and Senior Services is the state survey agency responsible for inspecting nursing homes and reporting the survey findings in the statement of deficiencies. The division/section within the department that performs the inspection is Division of Regulation and Licensure/Section for Long-Term Care. The section has regional offices throughout the state. The section's central office may be contacted by writing the Section for Long-Term Care, PO Box 570, Jefferson City, MO 65102 or by calling 573-526-8524.

### **What is the purpose of the statement of deficiencies?**

A statement of deficiencies is the document containing the division's comprehensive inspection of a nursing home. It documents the degree to which a home meets the minimal federal requirements using a federal tag numbering system along with a detailed explanation of each deficiency. The inspection is necessary for the home to continue to receive funding from Medicare and Medicaid. It also documents compliance with state requirements to maintain the home's state license. The statement of deficiencies serves as a tool for the home to use to correct those areas found to be below mandated, minimal federal and state standards of care.

### **Where can I find the statement of deficiencies on a particular nursing home?**

The nursing home is required by law to have a copy of the document on display in a public location in the nursing home. The Department of Health and Senior Services also has an internet website <http://www.dhss.mo.gov/showmelongtermcare/> and allows viewing of surveys and inspections for all long-term care facilities in Missouri. If you do not have internet access, copies of the statement of deficiencies are available for a small fee from the Section for Long-Term Care Central Files Unit by calling 573-526-3050. The regional section offices will also have the original survey to view by the public on request. The section office nearest you may be located by calling the Information and Referral Line at 1-800-235-5503.

### **What does a statement of deficiencies "F-tag" number mean?**

An F-number, called a tag number, corresponds to a specific regulation within the Code of Federal Regulations. For example "F-312" relates to the regulation requiring nursing homes to provide dependent residents with care. State requirements will also appear on the statement of deficiencies with a Code of State Regulations number instead of an F-tag number. A statement of deficiencies for a state licensed only nursing home will only have the Code of State Regulations number.

### **What F-tag numbers will tell the most about how the nursing home cares for individual residents?**

F-tags that relate to resident care/quality of life may be grouped into four (4) broad categories; see Page 2. A partial list of the F-tags in each of the categories may be found on page 3. The listing does not represent all the possible F-tags that may be cited in any given statement of deficiencies.

**Resident Behavior & Facility Practice** tags, **F221-225**, covering areas such as abuse and neglect and physical or chemical restraints.

**Quality of Life** tags, **F240-258**, covering areas such as activities (social and recreational), dignity (such as appropriate dress), accommodation of needs, homelike environment, and social services.

**Quality of Care** tags, **F-309-333**, covering areas such as nutrition (food), hydration (fluids), medications, pressure sores, and activities of daily living (eating, bathing, etc.)

**Staffing** tag, **F353**, covering numbers and kinds of staff present in the home and the effect a low number of staff or inadequately trained staff have on residents' health, care and safety.

### What part of the statement of deficiencies tells how the nursing home will correct the deficiencies found during the survey?

Below find a page from a facsimile of a statement of deficiencies. Each page of the statement of deficiencies is divided into two columns with a multi-block header across the top. The **information in the header** identifies the facility **(1)**, and includes the date **(2)** the survey was completed. The **left hand column** will contain the F-tag number **(3)**, the citation from federal regulations regarding the F-tag number **(4)**, and an incident(s) to support how the facility was deficient or violated the regulation **(5)**. If a resident is involved, they will be identified by gender or number to protect their privacy and to ensure confidentiality **(6)**. The **right hand column** will contain the facility's plan to correct the deficiency cited during the survey **(7)** and if necessary the date the correction is expected to be completed **(8)**. The date of correction may also be found in the text explaining the plan of correction.

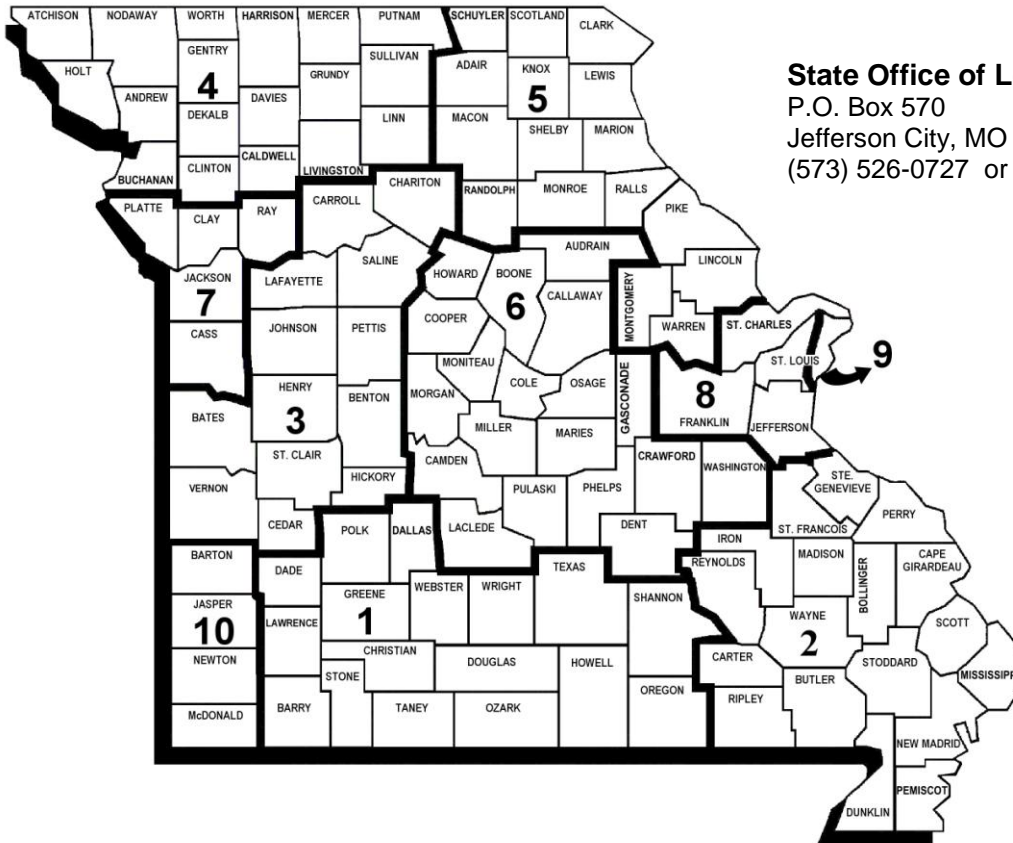
DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		Printed: 5/23/00 Form Approved 2567-L	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>(1) XXXXXX</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>(2)</b> 2/14/00
NAME OF PROVIDER OR SUPPLIER XXXXXXXXXXXXXXXXXXXX		STREET ADDRESS, CITY, STATE, ZIP CODE XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)
<b>(3)</b> F241 SS=D	<b>(4)</b> 483.15(a) Requirement QUALITY OF LIFE The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This requirement is not met as evidenced by:  In a facility with a census of 76 residents, a sample of 13 was chosen for review. Based on observation the facility does not provide care in a manner which enhances dignity for one sampled resident and five randomly observed residents.  <b>(5)</b> 1. On 1/7/00 at approximately 10:20 a.m., a nursing assistant was sitting with approximately five residents at one of the tables in the lower level dining room/common area painting <b>(6)</b> a resident's finger nails. There was another staff person there from another unit visiting with the aide doing nails. They were talking between themselves for at least 20 minutes without talking to the resident or acknowledging them as being present.	Page 10-A F 241 CONTINUED  <b>(7)</b> The measures that will be put into place or systemic changes to insure that the deficient practice will not recur are as follows:  A) In-service on residents rights and dignity will be provided for all staff on 1/27/00 by the Social Worker and DON.  B) Charge nurses will make rounds daily to determine resident needs for dressing, grooming, personal hygiene and activities.  C) Charge nurses will provide specific written assignments for C.N.A.'s and redirect their focus as needed.  D) Daily walking rounds by Administrator, Social worker, or Week-End R.N. Supervisor will be conducted to monitor maintenance of resident dignity.	<b>(8)</b>

Resident Behavior & Facility Practice	Quality of Life	Quality of Care	Quality of Care (continued)
<b>F-221</b> Use of physical restraints	<b>F-240</b> Residents' quality of life	<b>F-309</b> Highest practicable level of care provided	<b>F-326</b> Therapeutic diet available
<b>F-222</b> Use of chemical restraints	<b>F-241</b> Resident dignity	<b>F-310</b> Activities of Daily Living maintained (bathing, dressing, etc.)	<b>F-327</b> Adequate hydration maintained
<b>F-223</b> Right to be free from all abuse	<b>F-242</b> Resident choice in activities and schedule	<b>F-311</b> Appropriate treatment and services	<b>F-328</b> Care received for injections, ostomy care, foot care, etc.
<b>F-224</b> Mistreatment, neglect or misappropriation of resident property	<b>F-243</b> Resident and family groups freedom to meet	<b>F-312</b> Dependent resident receiving appropriate care	<b>F-329</b> Unnecessary drugs used
<b>F-225</b> Resident abuse reporting record system and employing individuals found guilty of abuse, neglect or mistreatment of residents	<b>F-245</b> Participate in community activities	<b>F-313</b> Vision or hearing services available	<b>F-330</b> Antipsychotics received when appropriate
<b>F-226</b> Policies and procedures to prevent abuse and neglect	<b>F-249</b> Qualified activity professionals	<b>F-315</b> Urinary incontinence, catheter use, and urinary tract infection prevention	<b>F-331</b> Antipsychotics dose reduction
	<b>F-250</b> Social service needs	<b>F-317</b> Maintain appropriate range of motion	<b>F-332</b> 5% Medication error or more
	<b>F-251</b> Qualified social worker	<b>F-318</b> Range of motion treatment	<b>F-333</b> Significant medication error occurred
	<b>F-252</b> Homelike environment	<b>F-319</b> Appropriate mental treatment and social adjustment services	<div>Staffing</div> <b>F-353</b> Necessary staff or training to meet all residents' needs
	<b>F-253</b> Housekeeping	<b>F-320</b> Development of avoidable mental and social adjustment problems	
	<b>F-254</b> Clean linens	<b>F-321</b> Naso-gastric tube use was avoidable	
	<b>F-255</b> Private closet space available	<b>F-322</b> Appropriate naso-gastric treatment	
	<b>F-256</b> Adequate lighting	<b>F-323</b> Hazard free environment	
	<b>F-257</b> Comfortable temperature level	<b>F-324</b> Supervision to prevent accidents	
	<b>F-258</b> Comfortable sound level	<b>F-325</b> Adequate nutrition maintained	

If you want to discuss the statement of deficiencies further, please contact your local Ombudsman whose name appears on the map below; or contact the State Long-Term Care Ombudsman Office at 800-309-3282; or visit our web page at <[www.dhss.mo.gov/ombudsman/](http://www.dhss.mo.gov/ombudsman/)>.

The Long-Term Care Ombudsman Program is a nationwide program that works to assure the rights of residents. It does so through volunteers who visit many nursing homes and residential care facilities statewide. Each week volunteers visit with residents and listen to their concerns and problems. The volunteer encourages residents to work through problems on their own through helpful conversation between residents and staff. If the resident is unsuccessful in resolving the problem, they may give the volunteer permission to assist them in reaching a fair resolution.

## Missouri Long-Term Care Ombudsman Program



**State Office of Long-Term Care Ombudsman**  
P.O. Box 570  
Jefferson City, MO 65102  
(573) 526-0727 or (800) 309-3282

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|--|---|--|
| <p><b>1. Council of Churches of the Ozarks</b><br/> 627 N. Glenstone<br/> P.O. Box 3947 G.S.<br/> Springfield, MO 65808<br/> (417) 862-3598 FAX: (417) 862-2129</p>                  | <p><b>4. Northwest MO Area Agency on Aging</b><br/> 211 South Polk, P.O. Box 265<br/> Albany, MO 64402<br/> (660) 726-3800 FAX: (660) 726-4113</p>      | <p><b>7. Mid-America Regional Council</b><br/> 600 Broadway, Suite 200<br/> Kansas City, MO 64105-1536<br/> (816) 474-4240 FAX: (816) 421-7758</p> |
| <p><b>2. Southeast MO Area Agency on Aging</b><br/> 1219 N. Kingshighway, Suite 100<br/> Cape Girardeau, MO 63701<br/> (573) 335-3331 or (800) 392-8771<br/> FAX: (573) 335-3017</p> | <p><b>5. LTC Ombudsman Program</b><br/> 8704 Manchester Road<br/> Brentwood, MO 63144<br/> (866) 918-8222 FAX: (314) 918-9188</p>                       | <p><b>8/9. LTC Ombudsman Program</b><br/> 8704 Manchester Road<br/> Brentwood, MO 63144<br/> (314) 918-8222 FAX: (314) 918-9188</p>                |
| <p><b>3. Care Connection for Aging Services</b><br/> 106 W. Young St., P.O. Box 1078<br/> Warrensburg, MO 64093<br/> (660) 747-3107 FAX: (660) 747-3100</p>                          | <p><b>6. Central MO Area Agency on Aging</b><br/> 1121 Business Loop 70 E. Suite 2A<br/> Columbia, MO 65201<br/> (573) 443-5823 FAX: (573) 875-8907</p> | <p><b>10. Area Agency on Aging</b><br/> PO Box 3990<br/> Joplin, MO 64803<br/> (417) 781-7562 Fax: (417) 781-1609</p>                              |